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APPLICANTS

John Burwell, Eagan, MN;

Michael G. Zais, Lakeville, MN;
Roberto Sanchez, Corona, CA;

** CONTINUING DATA ***** None Still

** FOREIGN APPLICATIONS ***** None Still

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY MN	DRAWING 10	CLAIMS 39	CLAIMS 3
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

ADDRESS

PIPER RUDNICK LLP
 Supervisor, Patent Prosecution Services
 1200 Nineteenth Street, N.W.
 Washington, DC
 20036-2412

TITLE

Double walled containment sumps

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 1112		<input type="checkbox"/> 1.16 Fees (Filing)
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